

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035277

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

46
4066
43
FILED SEP 23 1963

1. PLACE OF DEATH

a. COUNTY

Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kingston

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo. Caldwell

c. CITY
OR
TOWN

Kingston

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary

Emily

Dunn

4. DATE
OF
DEATH

Month

Day

Year

9 10 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-21-1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

L

11. BIRTHPLACE (City and state or country)

Altus, Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Oliver Hunt

13b. MOTHER'S MAIDEN NAME

Kate Fleniken

14. NAME OF HUSBAND OR WIFE

Wm. B. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

B

17. INFORMANT

Mary P. Mars, 1652 E. 85 Place, Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

instant

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic C.V. disease

DUE TO (c)

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Kingston Caldwell Mo

21. I attended the deceased from

1960

to 9-10-63

and last saw her alive on 9-8-63

Death occurred at 2:30

A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank R. DeLeon

22b. ADDRESS

Hamilton, Mo.

22c. DATE SIGNED

9-13-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Kingston Cemetery

23d. LOCATION (City, town, or county)

Kingston, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Black Funeral Home, Kingston

25. DATE REGD. BY LOCAL REG.

Sept 20-63

26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Burial Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300

Rev. 4/59

10130

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9420.1

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132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, ~~Student Embalmer No.~~ _____

~~working under my personal supervision.~~

Student _____

Signature of Student Embalmer

Signed

Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.